

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 20, 2004.

## **I. DISPUTE**

Whether there should be reimbursement for CPT code 99080-69 and 99080-73 rendered on 8/14/03.

## **II. RATIONALE**

Review of the requestor's request for reconsideration letter dated October 24, 2003 states in part, "There is a concern regarding code 99080-69 and 99080-73 not being paid on the following explanation of benefits. Your explanation code says, 'Included in visits/procedure rendered on this day.' According to Rule 130.1 (d)(1)(A) 'The report of Medical Evaluation must be signed by the certifying doctor. The certifying doctor may use a rubber stamp signature or an electronic facsimile signature of the certifying doctor's personal signature.' The TWCC considers the TWCC69 the 'Report of Medical Evaluation' (please see TWCC69 document) and a required report. And, for the TWCC73, please refer to Rule 129.5(d)(2), and Rule 133.106(f)(I). Therefore, these two reports are not included in the code 99455. ..."

Review of the requestor's position statement dated February 4, 2004, states in part, "On August 14, 2003, the above named patient was seen by \_\_\_ for an MMI evaluation. \_\_\_ completed the narrative report, assigning \_\_\_ with an impairment of 25% whole person, as well as a TWCC69 and TWCC73. The insurance company paid for the office visit/narrative report, however, denied the TWCC69 and TWCC73 as being 'included in the global charge.' ..."

The respondent did not submit a position statement, however included a copy of the TWCC Rule 134.202 (6)(A)(i-v).

According to the TWCC Rule 134.202 (6)(C)(i)(II), "The following applies for billing and reimbursement of an MMI evaluation. An examining doctor who is the treating doctor shall bill using the 'Work related or medical disability examination by the treating physician...' CPT code with the appropriate modifier. Modifiers 'V2', 'V2', 'V3', 'V4', or 'V5' shall be added to the CPT code to correspond with the last digit of the applicable office visit." Review of the requestor's HCFA 1500 revealed the requestor billed for CPT code 99455-V4 and CPT codes 99080-69 and 99080-73. CPT codes 99080-69 and CPT code 99080-73 are not considered global to CPT code 99455-V4. Therefore the requestor is entitled reimbursement in the amount of \$30.00.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code's 99080-69 and 99080-73 in the amount of **\$30.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$30.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17th day of May 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
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